

DECLARATION FOR PATENT APPLICATION

Docket Number
RD-28,110/USA

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR AUTOMATICALLY ACQUIRING EXAM DATA FROM MEDICAL IMAGING DEVICES AND
GENERATING REPORTS ON RADIOLOGY DEPARTMENT OPERATIONS**

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application

Priority Claimed

☐ Yes ☐ No

☐ Yes ☐ No

(Number)

(Country)

(Day/Month/Year Filed)

(Number)

(Country)

(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any **United States provisional application(s)** listed below.

60/208,514

6/1/00

(Application Number)

(Filing Date)

(Application Number)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code §120 of any **United States Application(s)** listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

(Filing Date)

(Status - patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, **CUSTOMER NO. 006147.**

David C. Goldman, Reg. No. 34,336

Douglas E. Stoner, Reg. No. 26,509, Marvin Snyder, Reg. No. 20,126, Donald S. Ingraham, Reg. No. 33,714, Jill M. Breedlove, Reg. No. 32,684, Noreen C. Johnson, Reg. No. 38,929, Ronald E. Myrick, Reg. No. 26,315, Henry J. Policinski, Reg. No. 26,621, Jay L. Chaskin, Reg. No. 24,030, James W. Mitchell, Reg. No. 25,602, Bernard Snyder, Reg. No. 24,843 and Catherine J. Winter, Reg. No. 38,364.

Address all telephone calls to: **DAVID C. GOLDMAN** at telephone number **(518) 387-5927**

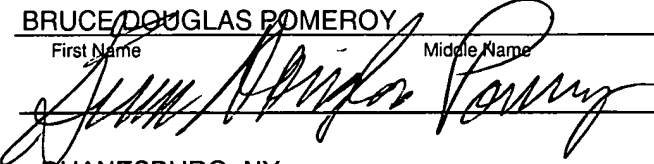
Address all correspondence to: **General Electric Company
CRD Patent Docket Rm 4A59
P.O. Box 8, Bldg. K-1 - Salamone
Schenectady, New York 12301**



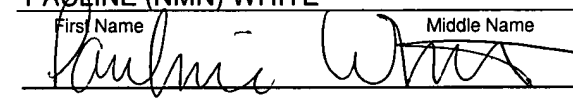
006147

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name: BRUCE DOUGLAS POMEROY
First Name Middle Name Last Name
 Signature:  Date: 23 Oct 2000
 Residence: DUANESBURG, NY Citizenship: USA
City and State
 Post Office Address: 2137 PANGBURN RD., DUANESBURG, NY 12056

SECOND JOINT INVENTOR:

Full name: PAULINE (NMN) WHITE
First Name Middle Name Last Name
 Signature:  Date: 10-24-00
 Residence: DELANSON, NY Citizenship: USA
City and State
 Post Office Address: 12354 DUANESBURG RD., DELANSON, NY 12053

THIRD JOINT INVENTOR:

Full name: TIMOTHY DAVID BUTLER
First Name Middle Name Last Name
 Signature: _____ Date: _____
 Residence: WAUKESHA, WI Citizenship: USA
City and State
 Post Office Address: S40 W31359 JOHNS WAY, WAUKESHA, WI 53189

SIGNATURE ON NEXT PAGE

FOURTH JOINT INVENTOR:

Full name: _____
First Name Middle Name Last Name
 Signature: _____ Date: _____
 Residence: _____ Citizenship: _____
City and State
 Post Office Address: _____

002207 4916960

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name: BRUCE DOUGLAS POMEROY

First Name

Middle Name

Last Name

Signature: _____ Date _____

Residence: DUANESBURG, NY

City and State

Citizenship: USA

Post Office Address: 2137 PANGBURN RD., DUANESBURG, NY 12056

SECOND JOINT INVENTOR:

Full name: PAULINE (NMN) WHITE

First Name

Middle Name

Last Name

Signature: _____ Date _____

Residence: DELANSON, NY

City and State

Citizenship: USA

Post Office Address: 12354 DUANESBURG RD., DELANSON, NY 12053

THIRD JOINT INVENTOR:

Full name: TIMOTHY DAVID BUTLER

First Name

Middle Name

Last Name

Signature:  Date 10/24/00

Residence: WAUKESHA, WI

City and State

Citizenship: USA

Post Office Address: S40 W31359 JOHNS WAY, WAUKESHA, WI 53189

FOURTH JOINT INVENTOR:

Full name: _____

First Name

Middle Name

Last Name

Signature: _____ Date _____

Residence: _____

City and State

Citizenship: _____

Post Office Address: _____